

# ISSUE FEE TRANSMITTAL

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JUN 11 2001

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QM12/0312

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Yate K. Cutliff

(Depositor's name)

*Yate K. Cutliff*  
(Signature)

June 7, 2001

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/009,327	01/20/98	036	MOY, J	3727 03/12/01
Named Inventor: FASCI, 35 USC 154(b) term ext. = 0 Days.				

OF MODULAR CONTAINER THAT CAN BE INTERCONNECTED, FOR MULTIPLE USES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	1320.1015/JD	220-023.400	D35 UTILITY	YES NO	\$620.00 \$1240.00	06/12/01

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Pendorf & Cutliff  
2.  
3.

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Division of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

NAME OF ASSIGNEE

RESIDENCE: (CITY & STATE OR COUNTRY)

Check the appropriate assignee category indicated below (will not be printed on the patent)  
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COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

Authorized Signature: *Yate K. Cutliff* (Date) 6/7/01

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06/13/2001 09000014 09000327 620.00